

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90665 001 *1,800.00

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1. Entity Name

FIRST CHOICE AUTO FINANCE, INC.

Principal Place of Business

**5200 S. WASHINGTON AVE
 TITUSVILLE FL 32780
 US**

Mailing Address

**5200 S. WASHINGTON AVE
 TITUSVILLE FL 32780
 US**

2. Principal Place of Business

**1555 Semoran Blvd
 Suite, Apt. #, etc.**

3. Mailing Address

**1555 Semoran Blvd
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3231285

Applied For

Not Applicable

Zip

Country

32742 USA

Zip

Country

32742 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, RONALD W
 5200 S. WASHINGTON AVE.
 TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name **Ronald W. Anderson**
 Street Address (P.O. Box Number is Not Acceptable)
1555 Semoran Blvd
 City **Winter Park** FL **32742**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Ronald W. Anderson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	WAS			
	SIEBEL, DONNA	5200 S WASHINGTON AVE	TITUSVILLE FL 32780	<input type="checkbox"/>
	P			<input checked="" type="checkbox"/>
	ALVAREZ, JOSEPH	5200 S. WASHINGTON AVE.	TITUSVILLE FL	<input checked="" type="checkbox"/>
	PD			<input checked="" type="checkbox"/>
	SMITH, GARY R	5200 S. WASHINGTON AVE	TITUSVILLE FL 32780	<input checked="" type="checkbox"/>
	VS			<input checked="" type="checkbox"/>
	DOWNING, ROBERT J	5200 S WASHINGTON AVE	TITUSVILLE FL 32780	<input checked="" type="checkbox"/>
	V			<input checked="" type="checkbox"/>
	ALVAREZ, JOSEPH	5200 S WASHINGTON AVE	TITUSVILLE FL 32780	<input checked="" type="checkbox"/>
	AS			<input checked="" type="checkbox"/>
	ARP, LORI	5200 S WASHINGTON AVE	TITUSVILLE FL 32780	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Donna Siebel	1555 Semoran Blvd	Winter PK, FL 32742	<input checked="" type="checkbox"/>
	Lillian Clover	1555 Semoran Blvd	Winter PK, FL 32742	<input checked="" type="checkbox"/>
	DCP			<input checked="" type="checkbox"/>
	James E. Ernst	1555 Semoran Blvd	Winter PK, FL 32742	<input checked="" type="checkbox"/>
	AS			<input checked="" type="checkbox"/>
	T.S. Falcout, III	1555 Semoran Blvd	Winter PK, FL 32742	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Lillian Clover, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)